1953



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COUNTY BOROUGH OF GATESHEAD

# ANNUAL REPORT

School Medical Officer
FOR YEAR 1953

JAMES GRANT, M.D., Ch.B., D.P.H.

(GLASGOW)

MEDICAL OFFICER OF HEALTH AND

SCHOOL MEDICAL OFFICER

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## STAFF OF SCHOOL MEDICAL SERVICE.

Medical Officer of Health and Principal School Medical Officer	James Grant, M.D., CH.B., D.P.H.
	MARGARET B. HERBST, M.D., B.S., B.HY., D.P.H.
Senior School Medical Officer (and Assistant M.O.H.)	Iris M. Pratt, M.B., B.S., D.P.H.
School Medical Officers (and Assistant M.O's. H.)	LORNA M. ROZNER, M.B., B.S., D.P.H., MAX PARK, M.B., CH.B., D.P.H.;  JOSEPH O'CONNOR, M.B., B.CH., B.A.O., L.M., M.D., D.P.M., D.P.H. (deceased 31.1.53); HUBERT C. WEIR, M.A., M.B., B.CH., B.A.O., C.T.M. & H., C.P.H. (commenced 6.5.53).
Ophthalmic Surgeon (part time)	†H. V. INGRAM, M.B., B.S., D.O.M.S., M.R.C.S., L.R.C.P. †J. S. ARKLE, F.R.C.S.
Dermatologist (part time)	†T. PARKIN, M.B., CH.B., M.R.C.P.
Orthopaedic Surgeon (part time)	†A. E. Bremner, M.B., CH.B., F.R.C.S.
Remedial Gymnast (part time)	†T. D. MIDGLEY, M.S.R.G.
Orthoptist	Miss S. Holmes. D.B.O.
Speech Therapist	MISS M. BARNES (commenced 1.2.53).
Principal School Dental Officer	Joseph Whitehouse, L.D.S.
Dental Officers	Donald Skinner, L.D.S.; Henry J. Coombes, L.D.S.; Mrs. Ina F. Jones, L.D.S.
Dental Attendants	Miss D. Riddle, Mrs. B. Parkin, Miss E. M. Cessford, Miss J. C. Barton (resigned 13.10.53), Miss E. E. Grass.
Dental Technicians	T. W. Curtis, J. Gilholme, S. M. Cole (apprentice).
Health Visitors and School Nurses	C. Robson (Supt.), I. Rouse, M. Daglish D. C. Johnson, I. Bradley, E. Wise, M. Craggs, E. Powley, J. Turnbull (commenced 15.6.53), S. W. Atkinson, A. Mullen (resigned 31.3.53), H. McKenna, E. Sinclair, K. O'Donnell (resigned 31.3.53), R. Gardner, S. Gilley, L. Ryle (resigned 31.5.53), M. Dagg, N. M. Bell, E. Baxter, M. Fairs.
Open Air School Nurse and Light Therapist	E. M. Maple.
Nursing Assistants	M. Coates, W. Craig, B. Gibson.
Clerical Staff	N. CRAIG, Miss E. M. JONES, Miss M. ATKINSON, Mrs. M. WATSON, Miss E. Brown, Miss S. Corbitt (commenced 14.12.53).

† Indicates by arrangement with the Newcastle upon Tyne Regional Hospital Board.

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## ANNUAL REPORT

OF THE

## SCHOOL MEDICAL OFFICER

FOR THE YEAR 1953.

To the Chairman and Members of the Education Committee.

I beg respectfully to submit herewith the annual report of the school medical officer for 1953, which, in addition to giving the routine statistics on the health among the school children, covers also a good deal of preventive medical work.

In spite of current difficulties in finding staff we have on the whole been fairly fortunate in Gateshead in keeping an effective strength of staff and also in being able to have available in the vicinity the services of the Regional Hospital Board consultants.

Once more, an attack was made on tuberculosis, that chronic infectious disease which menaces Tyneside more than any other single infection at the moment. The systematic x-ray examination of the Gateshead school children was carried out in the spring of the year and the results will be found in the appropriate section of the report. Other infectious diseases, although present in the community, did not seriously threaten the health of the school children in Gateshead in 1953.

Progress has been made towards the education of handicapped children under the Council's auspices. "The Cedars" Special School during 1953 was gradually filled up, and already plays a vital part in the education of the children in the community who are crippled by physical defects. The opening of another special school at Hindley Hall for educationally subnormal children is at long last in prospect.

In conclusion, I must pay tribute to the earnest spirit and loyal co-operation of the medical, dental, nursing and clerical staff of the Local Authority. I must also acknowledge the helpful co-operation of the Director of Education and his staff. Lastly, I would like to place on record the excellent services of Dr. I. M. Pratt, the Senior School Medical Officer, who was mainly responsible for the compilation of this report.

Your obedient Servant,

#### JAMES GRANT,

Medical Officer of Health and Principal School Medical Officer.

#### 1. STAFF.

The only gap that remained at the end of the year to be filled in the establishment of the professional staff of the Local Authority was the services of a physiotherapist, to co-operate in the care of the physically handicapped children, both those attending ordinary schools and those attending "The Cedars" Special School. Arrangements to share in an appointment with the Gateshead Hospital Management Committee were not productive, and finally it was decided to try and secure the part-time services of a physiotherapist acting directly for the local authority.

It might be worth while to summarise the various special treatments that are given in association with the school medical service, although not under the direct sponsorship of the local authority. Ophthalmic treatment has been carried out by the two visiting ophthalmologists, Mr. H. Vernon Ingram and Mr. J. S. Arkle, both of whom operate under the supplementary Ophthalmic Treatment Regulations of the National Health Service Act. Their efforts are seconded by a full-time orthoptist who was engaged largely in the treatment of squint. Mr. A. E. Bremner, the Orthopaedic Surgeon of the local hospitals continues to hold regular clinical sessions in the health centre, and the necessary orthopaedic treatment is given by a remedial gymnast who is an employee of the Gateshead hospitals. During the prevalence of ringworm, Dr. Parkin, the local dermatologist, held regular sessions at the Greenesfield Health Centre to see doubtful cases of ringworm of the scalp.

## 2. CO-ORDINATION.

The medical, nursing and dental staff of the Authority remain common to the school medical and maternity and child welfare services of the Local Authority, thus providing a continuity of medical and dental supervision from infancy to the end of school life.

In addition to the staff mentioned above as working in the Gateshead Health Centre, it must be stated that there is adequate liaison between the other specialists employed by the Regional Board and the Local Authority's medical staff. The Chest Physician, notably, receives the co-operation of the school medical staff in the follow-up of tuberculosis contact school children. He has allowed the school medical staff to share in the work of B.C.G. Vaccination of tuberculin negative reactors. With the appointment of a new throat and nose specialist for the Gateshead Hospital Management area, an effective liaison has been established for the further advice on naso-pharyngeal disease and hearing defects.

#### 3. SCHOOL BUILDINGS.

Southend Road Junior School was opened in November. The school of two departments is to accommodate 640 children of junior school age resident in the new housing estates of Beacon Lough and Lyndhurst. The school, a single storey building, is placed in a site of approximately nine acres. All classrooms face south, the assembly hall in the centre being used by both departments. Dining hall, kitchen and medical inspection rooms are provided.

## 4. SCHOOL MEDICAL INSPECTION.

The number of children on the registers in December, 1953, was 17,654.

The periodic medical inspection of the three age groups was made throughout the year; the numbers inspected in the age groups were as follows:—

First Age Group		2,292
Second Age Group		1,510
Third Age Group—		
(a) in Secondary schools		1,502
(b) in Grammar school		122
	_	
		5,426

420 children presented outside these age groups were examined at school.

The parents of 3,063 children were present at the examinations.

## 5. ASSESSMENT OF GENERAL CONDITION.

The estimate of each child's nutrition and general condition gave the following classification:—

			1953	1952
Α.	(Good)	 	34%	 35.42%
В.	(Fair)	 	61.7%	 57.5%
C.	(Poor)	 • • •	4.3%	 7.08%

## 6. ASCERTAINMENT OF DEFECTS.

The majority of defects were of course found at the medical inspections in schools, where large numbers of children were seen. In listing the defects those found at the minor ailment clinic are included.

## (a) Cleanliness.

There seems to be a slight deterioration in cleanliness, for the school doctors found 23 children with head vermin and 478 having nits at routine inspections.

70 children were noted as dirty. This included children markedly fleabitten.

Health visitors, in their cleanliness inspections, made 60,073 examinations, finding head vermin in 189 and nits in 3,221.

## (b) Skin Conditions.

Conditions requiring treatment were:—

× 0				
Impetigo			• • •	130
Ringworm of sca	alp	• • •		6
Ringworm of bo	dy	• • •		20
Scabies	• • •	• • •		14
Eczema and der	matitis	• • •		27
Minor skin cond	itions			756

## (c) Visual Defects and External Eye Diseases.

From the two older age groups, 817 children required investigation, 685 for errors of refraction and 132 for strabismus. A further 142 were kept under observation for a later retest.

This year, 8-year old children were tested in school with Snellin's Types. A number of these were found to require refraction. From this survey and from children who were referred directly to the clinic, a further 414 were listed for refraction and 24 for treatment for strabismus. 45 cases of external eye disease were seen at school inspections and a further 153 attended the minor ailments clinic.

## (d) Nasopharyngeal Disease.

In 217 cases tonsillectomy was recommended for enlarged and unhealthy tonsils. The presence of abnormal tonsils was recorded in 696 children.

In 565 children neck glands were palpable, though only 10 cases were referred for treatment.

A number of catarrhal conditions were found, and 19 children were referred for treatment for conditions other than tonsils and adenoids.

### (e) Ear Conditions.

78 cases of subnormal hearing were recorded, of whom 16 were referred for audiometer assessment or for treatment. Otitis media is of frequent occurrence in children, and 48 cases of chronic disease were found during periodic inspections. A further 58 cases presented themselves at clinics.

#### (f) Dental Defects.

Among the 5,846 children at school inspections, 1,988 had carious teeth, 198 had extensive caries and 12 dental sepsis. A large number of children had dirty teeth, and on questioning it was found that a great number of children never use a toothbrush.

## (g) Orthopaedic and Postural Defects.

By far the commonest defect is pes valgus. 594 cases were referred from school and 91 from clinics. Apart from those found in inspections when children were seen with feet bare, many were brought to us by the parent because of the uneven wearing of shoes. 435 of the cases were sent for remedial treatment. Hallux Valgus is a condition frequently seen in the older children, 32 cases being recorded.

The posture among older girls leaves much to be desired. It seems to be better in schools where swimming is taught throughout the upper grades. This should lead us to consider commencing swimming lessons at as early an age as practicable. During the year 112 postural defects were referred for remedial exercises.

## (h) Heart Disease and Rheumatism.

Three boys suffering from haemophilia are among the handicapped children.

It is considered inadvisable for them to attend ordinary school. They will, however, enter the Cedars as soon as possible.

One boy suffering from a severe congenital heart lesion has had successful operative treatment, and is likely to be ready for school.

150 cardiac lesions were found among children inspected in school. Those children with severe heart lesions are in the special schools.

Active rheumatic disease was present in 6 children.

## (i) Vaccination and Immunisation.

As so many parents have accepted immunisation in infancy, 3,595 of those examined had been immunised before entering school.

The records showed that 1,915 had been vaccinated.

## (j) Infectious Diseases.

In May, 1953, following scarlet fever cases in St. Joan of Arc School, investigations were made of recent sore throats. Swabbing resulted in the exclusion for treatment of one boy, in whose throat Lancefield Group A Haemolytic Streptococci were present.

In October, the health visitor reported a number of cases of diarrhoea in her district, the majority attending Shipcote School.

17 children and 3 teachers were affected.

In all cases the condition had cleared, and no organisms were found. None of the cases had attended a meals centre.

The headmaster of St. Oswald's School reported the prevalence of warts among his scholars. Of 24 children seen with warts, the majority had single warts on the left hand.

In three cases of multiple warts, arrangements were made for treatment in hospital. Advice was given to the remainder.

## (k) Clothing and Footwear.

Footwear is always an expensive item in children's clothing, but so much of that worn is of poor wearing quality. In addition, after purchase, boots and shoes have little care and consequently the life of footwear is short.

5 children had inadequate footwear and two were insufficiently clad.

### 7. SUBSEQUENT EXAMINATIONS.

2,895 children were re-examined during the year, following up defects previously recorded. Health visitors made any home visits required by the school medical officer.

#### Tuberculosis.

Two surveys were carried out to determine the amount of tuberculosis among school children.

## (a) Entrant Children—tested with tuberculin jelly.

1,551 children were tested, of whom 242 were reactors.

After enquiry into the medical and family history of these reactors, 105 were sent for radiography.

Findings of X-ray.

Calcified lesions in the lungs .	24
Primary complex	4
Primary complex and hilar calcific	C-
ation	I
Calcifying primary complex .	I
Enlarged hilar glands	5
Enlarged paratracheal nodes .	I
Exaggerated lung markings .	I
Atelectasis	4
Lung fields clear	64
	105

(b) Mass miniature x-ray of school children born in 1938 and 1939.

#### School Children.

In the groups concerned there were 1,684 boys and 1,756 girls, a total of 3,440. Of these children 1,649 boys and 1,570 girls were surveyed by x-ray, a total of 3,219, which is a magnificent response. In addition, 9 children attending the Musgrave School came voluntarily for the x-ray examination.

#### Education Staff.

Out of a total of 550, inclusive of teachers, school canteen staff and cleaners, 441 (116 males and 325 females) submitted themselves to examination, but only 206 of the teachers and 101 of the domestic staff agreed to the result of the x-ray being divulged to me.

Findings of Miniature X-ray Examination.

## (1) School Children.

(i) Boys—Total examined 1,649.

No. found with evidence of past disease.

- (a) Calcified lesions in the lung... ... 47 (b) No. with thickening of the pleura ... 3 (c) No. found with enlargement of the hilar 3 glands . . . (d) No. convalescent from a recent chest affection I . . . All the above were inactive. (e) Children recalled for further examination by large film with evidence of healed disease (report sent to family doctor) ... II
- (f) No. referred to the Gateshead Chest Physician for investigation ... ... 12 (one boy failed to re-attend for large film examination and was referred to the Chest Clinic for follow-up.)

## Results of Chest Clinic Examination.

	(a)	Diagnosed pulmonary tuberculosis and admitted to hospital	4
	( <i>b</i> )	Noted for further observation—	4
	(0)	' 1 1 1 1'	I
		ii neimaerraamelar	I
		iii alban aandiliana	
	(c)	Suffering from congenital heart disease	4 1
	(d)	Failed to attend	I
	(11)	i and to attend	—I2
(ii)	GIRLS	s—Total examined 1,570.	
	No.	found with evidence of past disease.	
	( <i>a</i> )	Calcified lesions in the lung	24
	(b)	No. with thickening of the pleura	6
	(c)	Children recalled for further examination by	
		large film, showing evidence of healed	
		disease (report sent to family doctor)	ΙI
	(d)	Children referred to the Gateshead Chest	
		Physician for investigation	20
		(5 of these were already under observation	
		and treatment at the chest clinic, one	
		suffering from bronchiectasis, and in one	
		other an old lesion had become re-	
		activated.)	
		(2 girls failed to attend for large film	
		examination and were referred to the	
		chest clinic for follow-up.)	
	( )	Results of Chest Clinic Examination.	
	(a)		
		tuberculosis and sent to hospital for treatment	3
	( <i>b</i> )	Diagnosed as suffering from reactivated old	J
	(0)	pulmonary disease and sent to hospital	2
	(c)		
	\ /	and referred for further observation	2
	(d)	Noted for further observation at the chest	
	, ,	clinic—	
		i. tuberculous primary complex	2
		ii. other conditions	6
	( <i>e</i> )	Noted as suffering from healed lung disease	I
	( <i>f</i> )	Failed to attend chest clinic	4
			20

### (2) Education Staff.

206 teachers, who agreed to the result of examination being divulged to me, were found to have a normal chest x-ray.

## (3) Ancillary Education Staff (Canteen Workers, etc.).

of these I canteen worker had a suspicious shadow in the chest. She was referred to the chest clinic for further investigation and found to be non-infective.

#### Others.

2 nursery students and 4 entrants to the teaching profession were x-rayed, with normal results.

There is no doubt that this survey of children has been worth while. Although the arrangements involved a good deal of time on the part of the Education Welfare Officer, the disturbance to the education curriculum must have been minimal.

On the whole, the results obtained have been satisfactory, both in regard to teachers and children. The disturbing feature is the number of cases in whom evidence of healed disease was present in the chest. This, of course, means past infection in childhood.

The detection of active pulmonary tuberculosis requiring treatment in 7 children is also worthy of note. It is pleasing also to note that of the 441 education staff who were x-rayed, only 6 were referred to the chest clinic for further observation.

The incidence of tuberculosis during the year among schoolchildren was reported by the Chest Physician as:

## (a) Pulmonary—

•					
Infectious			• • •		3
Active non-in	nfectious	• • •	• • •		26
Quiescent no	n-infectio	us	• • •	• • •	36
Arrested non	-infectiou	IS	• • •	• • •	4I
				_	
					T06

 (b) Non-pulmonary—
 Arrested glandular
 ...
 ...
 4

 Joints —active ...
 ...
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 —arrested
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 Other forms
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29 pulmonary cases and 2 non-pulmonary cases were in hospital at the end of the year.

#### 8. ARRANGEMENTS FOR TREATMENT.

Treatment is provided at Greenesfield Health Centre as below:—

Minor ailments ... Monday—Friday ... 9.0—9.30 a.m.

4.0—4.30 p.m.

Saturday ... 9.0—10.0 a.m.

Ultra Violet Ray

Therapy ... Tuesday and Friday ... 1.30—3.30 p.m.

Physiotherapy ... By appointment.

Orthoptic Treatment—By appointment.

Dental Treatment Monday—Friday ... 4.0—4.30 p.m.

and daily by appointment

Immunisation ... Saturday ... ... 10.0—11.0 a.m.

The consultant services available by appointment are:— Ophthalmologist

Refraction Clinic Tuesday and Saturday 9.0—11.0 a.m. at Greenesfield Health Centre.

Orthopaedic

Surgeon Alternate Wednesdays 9.0 a.m.

at Greenesfield Health Centre.

Dermatologist At Queen Elizabeth or Bensham Hospital.

Throat, Nose and

Ear Surgeon At Children's Hospital.

Psychiatrist By arrangement with St. Thomas' Clinic,

or Newcastle General Hospital.

#### (a) Cleanliness.

Where cleansing of heads is necessary, this is done by nursing auxiliaries. 84 children were so cleansed during the year.

## (b) Treatment of Minor Ailments and Diseases of the Skin.

Cases treated at the clinics held at Greenesfield House were:—

			Number Treated	Total No. of Treatments given
Ringworm Scalp			6	37
do. Body	••••		20	99
Scabies	••••		14	92
Impetigo	****		130	939
Other skin conditions			783	3334
External eye disease	• • • • •		126	579
Otitis media	* * * * *		61	430
Other ear conditions	****	• • • • • {	IIO	274
Miscellaneous	••••		925	3066
			2175	8850

## (c) Treatment of Defective Vision.

881 cases were refracted at the 79 sessions held at Greenesfield Health Centre.

Errors of refraction were:—

Hypermetropia		• • •		87
Myopia			• • •	77
Hypermetropic astigma	tism		• • •	70
Myopic astigmatism		• • •	• • •	22
Mixed astigmatism	• • •		• • •	99
Irregular astigmatism		• • •		4
Compound myopic astig	gmatis	m		106
Compound hypermetrop	pic ast	igmati	sm	458
Strabismus	• • •		• • •	189

Apart from these refractive conditions, other eye defects noted from these clinics were:—

Amblyopia exanc	psia	 		16
Amblyopia		 		34
Blepharitis		 		9
Detached retina		 		I
Keratitis		 		I
Hordeola		 		4
Cataract		 		2
Macular degenera	tion	 	• • •	I
Corneal opacities		 		2
Partial paresis		 		I

The number awaiting refraction at the end of the year was 249, compared with 325 at the end of 1952.

#### Orthoptic Clinic.

During 1953, 2,417 attendances were made at the orthoptic department, 121 of these being new cases. Only 115 of the new patients, however, were registered, the remaining 6 children being cases of apparent strabismus, due mainly to epicanthus and wide interpupillary distance. Of the new patients registered, 94 were found to have convergent strabismus and 12 divergent strabismus. 3 cases of amblyopia exanopsia not associated with any muscular imbalance were found, and 6 children were suffering from convergence deficiency giving rise to symptoms. 34 of the new patients registered were under 5 years.

1,287 attendances were made for pre- and post-treatment observation, and 517 visits for occlusion prior to treatment or operation. 414 treatments on the synoptophore were given this year. This figure is lower than in 1952, chiefly owing to the fact that there were fewer daily post-operative treatments given.

27 children were placed on the waiting list for operation, and 20 received operation. 8 of these patients were under 5 years. Only 3 children received surgical treatment at the Royal Victoria Infirmary, the remainder being admitted to the Fleming Memorial Hospital for Sick Children.

78 children were discharged this year, 70 of whom had convergent strabismus, I had divergent strabismus, I case of exophoria and 6 of convergence deficiency were also discharged. These last 7 patients were all relieved of their symptoms.

39 children achieved a standard of cure without operation, 19 were cured with the aid of surgery. 2 cases of intractable amblyopia with a good cosmetic appearance were also discharged, and 6 patients were discharged as "cosmetic cures," i.e., they did not develop full binocular vision, but the cosmetic appearance did not warrant surgery. 6 children were discharged when, even after much encouragement, they failed to attend for treatment. The parents of 2 patients refused to allow their children to wear occluders, and another two who could not be cured without surgery were discharged when their parents refused to allow them to have operative treatment.

The number of patients on the register on 31st December, 1953 was 397.

Total	number of	attendances	2,417
,,	,,	observations	1,287
, ,	,,	occlusions	517
, ,	,,	treatments	414
,,	,,	new cases	121
,,	,,	convergent strabismus	94
, ,	,,	divergent strabismus	12
,,	, ,	convergence deficiency	6
,,	,,	amblyopia exanopsia not associated	
		with squint	3
,,	,,	"apparent strabismus"	6
,,	,,	discharged	78
, ,	,,	cured	39
,,	,,	cured with operation	19
,,	, ,	"cosmetic cures"	6
,,	,,	failed to attend	6
,,	,,	intractable amblyopia	2
,,	,,	patients who refused occlusion	2
, ,	, ,	,, operation	2
,,	,,	patients whose symptoms were re-	
		lieved although muscular balance	
		not truly restored	2
,,	,,	patients on waiting list for operation	27
,,	,,	patients who received operative treat-	
		ment	20

#### (d) Treatment of Throat, Nose and Ear Defects.

Following the appointment of Mr. R. G. Chaytor as surgeon for diseases of the throat, nose and ear, the procedure for dealing with school children was altered in August.

Now any child found in school to need treatment is referred through his own doctor for consultation with Mr. Chaytor at the Children's Hospital. During the year 107 tonsillectomies were performed by the staff of the Children's Hospital prior to August on children referred by the school medical officers. Since August, 56 school children have had tonsil operations.

A number of cases of deafness or chronic ear conditions were referred to the Throat, Nose and Ear Hospital.

Examination of ears during medical inspections resulted in 83 cases being referred to the clinic for removal of wax. There are 58 cases of chronic otorrhoea which still require periodic re-examination.

## (e) Treatment of Dental Defects.

(Report of the Principal School Dental Officer).

#### Staff.

The staff of the dental department consists of the principal dental officer, three dental officers, four dental surgery assistants and one clerk. The resignation of Miss J. Barton was followed by Miss Grass being employed in a permanent capacity. The dental laboratory is staffed by one senior dental technician, one assistant dental technician and one apprentice.

It is expected that a new clinic, with accommodation for one dental officer, will be opened during the later part of 1954.

As in previous years, two-thirds of the dental officers' time was devoted to school children, and one-third to the priority dental services.

During the year, 3,277 more children were afforded routine inspection than in 1952, and it was found that 70.3% of the total examined required treatment. This apparently low figure

is accounted for to some extent by a considerable increase in the number of children who had obviously had treatment from private practitioners. It will be interesting to see if this treatment is continued in succeeding years. No accurate figures can be kept for children receiving treatment privately owing to the difficulties in obtaining the necessary detailed information. The percentage of children accepting treatment fell from 67% in 1952 to 52.4% in 1953. There is no evidence to show why there should be a fall but it is possible that the children who have been a longer time between routine inspections are more reluctant to submit to routine treatment, when they have been kept free from pain by being treated as "specials" for the relief of toothache.

In addition to the treatment recorded in Table V, 133 orthodontic appliances, 86 partial dentures, four full dentures and 25 repairs were fitted. The four full dentures were fitted for two children who were found to be edentulous, all the teeth having been removed because of rampant dental caries. It is remarkable how these children responded to this kind of treatment. They not only tolerated the dentures well but became rather proud of themselves once again. It is felt that in selected cases this kind of treatment is well worth while.

In April, 1953, specialist anaesthetists were employed for the administration of general anaesthetics and this has proved to be of great value in enabling the dental officers to devote more time to conservative work.

I would like to thank the whole staff of the dental department for their work during the year, and the school staffs for their help during school dental inspections.

Table V summarises the dental treatment of school children for the year.

### J. WHITEHOUSE,

Principal School Dental Officer.

## (f) Orthopaedic and Postural Defects.

78 cases attended for the first time the orthopaedic consultation clinics held by Mr. A. E. Bremner, F.R.C.S. In addition, he re-examined 70 cases he had previously seen.

The type of lesion found among the 78 children and the old cases were:—

Defects			New Cases	Old Cases	Visits
Congenital malformation	ıs		I	II	19
Spastic conditions			2	13	24
Sequelae to poliomyelitis	5		Ι	5	13
Perthe's disease				I	3
Sprengel's deformity			I		2
Osteomyelitis				I	I
Osteochondritis			I		5
Osteitis				I	I
Old Kohler's disease			I		2
Multiple enchondrosis			-	I	I
Tenosynovitis			I	_	I
Kyphosis		• • •	I		2
Scoliosis			2	5	13
Lordosis			2	_	3
Torticollis			I	I	3
Other postural defects			I		2
Genu valgum			5	4	13
Genu varum		• • •	I	2	6
Pes planus		• • •	16	II	55
Foot defects			13	14	42
Exostosis			3	I	6
Old fracture				I	I
Shortening of leg			_	I	2
Asymmetry of head			_	I	I
Burn contracture			_	2	2
Dislocated patellae			I		2
Torn cartilage			_	I	3
Deformity of chest wall			I		2
Deformity of elbow			I		2
Traumatic injuries	• • •		I		3
Miscellaneous			7	I	14
N.A.D			14	I	16

The remedial gymnast co-operated with Mr. Bremner by giving instruction and exercises to patients. In addition, he held sessions for children suffering from postural and foot defects as follows:—

#### FOOT CONDITIONS.

The course of treatment usually lasts about 8 weeks. Work is carried out in classes and age groups.

No. of No. of patients treatments 391 2264

#### Modified Exercises.

The older children with only a slight foot condition were given one period of instruction at the Orthopaedic Clinic and instructed to carry out the exercises at home. These children return periodically for a check.

$No.\ of$	$No.\ of$
patients	treatments
66	66

#### POSTURAL DEFECTS.

		₩	No. of treatments
Scoliosis	 	 IO	55
Lordosis	 	 17	132
Kyphosis	 	 4	20
Poor posture	 	 48	284
		79	491

#### CHESTS.

	CHE	010.		
				No. of treatments
Asthma			15	88
Bronchitis			7	52
Harrison's Sulcus			4	4I
Atelectasis			9	54
Bronchiectasis			4	02
Poor respiratory m	novem	ent -		
Pigeon chest			22	169
Flat chest				
Funnel chest				
			61	466
				400

## INDIVIDUAL TREATMENTS.

	No. of treatments
Cerebral Palsy.	
Spastic hemiplegia Spastic diplegia 9 Spastic paraplegia 9	136
Torticollis (post operative).	
Division of sterno mastoid 4	25
Traumatic injuries.	
Fractures	160
Post-operative treatment.	
Tendo achilles Congenital dislocation of hips 7	90
38	<i>A</i> T T
	411

## OPEN AIR SCHOOL.

One period of one hour per week was spent at the Open Air School. The following conditions were treated by the visiting remedial gymnast:—

	_	No. of treatments
Post-operative.	1	
Muscle transplantation Above knee amputation Asthma and Bronchitis.	$\left. \begin{array}{c} \cdots \\ \ldots \end{array} \right\}$ 2	16
Breathing exercises Postural exercises	···} 12	72
Bronchiectasis.  Breathing exercises  Postural coughing  Postural drainage	} 6	62
Valgus ankle Pes planus  Post-poliomyelitis.	} 3	15
General exercises Re-education in walking	} 2	18
	25	183

## (g) Ultra-Violet Ray Treatment.

Ultra-violet ray treatment was given to 130 children (137 courses). The majority of cases were recommended for catarrhal and respiratory conditions, which responded well.

Analysis of the reasons for recommendation for treatment gives:—

Catarrhal condition	ons	• • •		• • •	47
Bronchitis			• • •		33
Asthma		• • •	• • •		I
General debility a	nd subr	normal	nutriti	on	32
Eye conditions		• • •			2
Skin diseases					II
Other conditions	• • •		• • •		4
					130

### 9. INFECTIOUS DISEASES AND IMMUNISATION.

During the year cases of the following diseases were notified in children of school age:—

Meningococcal infections		• • •	I
Scarlet fever			108
Pneumonia			38
Measles	• • •		396
Whooping cough			153
Poliomyelitis—paralytic			I
non-paraly	tic	• • •	4
Dysentery	• • •	• • •	II
Food poisoning		• • •	3
Scabies	• • •		13

"Booster" doses of diphtheria prophylaxis were offered to new entrants to infant schools. 1,238 were re-immunised at school while 344 were immunised for the first time. In addition one school child was vaccinated, 2 received diphtheria pertussis and I whooping cough prophylaxis. Certain children attended their own doctors for immunisation as below:—

Diphtheria pertussis	a é			24
Diphtheria (booster)		• •		97
Diphtheria	• •	• •		7
Whooping Cough	• •	• •	• •	8
Vaccination	• •	0 0		20
Revaccination				6

#### 10. PHYSICAL EDUCATION.

# Report of the Senior Organiser of Physical Education for 1953.

#### 1. General.

During the year the Ministry of Education issued a book "Planning the Programme" on Physical Education in the Primary School. A copy was supplied by the Committee to all primary schools in the Borough.

Portable apparatus supplied by manufacturers is of many types, and although advertised as being portable, is, in many cases found to be heavy and unwieldly, also to take up too much space in a hall. Experiments have been carried out in schools in the Borough, and a prototype set is being made consisting of extension stools, ladders and planks, which should help to solve the difficulty of small children handling with ease apparatus which in most cases has to be moved frequently.

Miss J. Smith who was appointed Woman Organiser, commenced duties on 2nd April.

## 2. Small Apparatus and P.E. Clothing.

All schools were supplied with adequate games and P.E. small apparatus. More classes were equipped with plimsolls, shorts and blouses, also small rubber mats for lying and sitting on, and replacements of plimsolls, shorts and blouses made to schools needing them.

3. Play Fields.

Breckenbeds, the Old Fold and Moss Heaps were used by schools and Youth Clubs, both during and outside school hours as last year.

#### 4. Teachers' Classes.

Teachers' Courses of instruction were held as follows:—

- (a) English Folk Dancing—Oakwellgate Centre, Mondays 4.30—5.30 p.m. March 9th to April 27th, 1953 6 classes.
- (b) Scottish Dancing—Oakwellgate Centre, Mondays 5.30—6.30 p.m. March 9th to April 27th, 1953—6 classes.
- (c) Maypole Dancing—Oakwellgate Centre, Tuesdays 4.30—5.30 p.m. April 21st to May 5th, 1953—3 classes.
- (d) Gymnastics for Women Teachers—Grammar School, Tuesdays—November 3rd to December 1st, 1953—5 classes.

## 5. Swimming.

As in previous years swimming instruction was given nine half-days per week for boys and nine half-days per week for girls.

All children whose names were entered upon the registers and attended the Baths were examined at the end of each term by the Organisers of Physical Education with the following results.

#### Results for 1953.

		Boys	Girls
First Class Certificate	• •	71	28
Life Saving and Swimmin Certificate		166	96
Proficiency Certificate		329	244
Learner's Certificate		295	394
Other Swimmers	I	,156	984
Non-Swimmers		387	662
Total Examined	2	2,404	2,408
Percentage of Swimmers	• •	83%	72%
R.L.S.S. Bronze Medallio	n	150	82
R.L.S.S. Award of Merit		4	2

In addition to the above R.L.S.S. awards, 68 boys and 25 girls gained the Society's Bronze Cross award.

#### Gala.

The eleventh consecutive Annual Schools' Swimming Gala was held at the Shipcote Baths on Monday, 6th July, 1953. The Gala was opened by the Worshipful the Mayor, Alderman M. Grant, J.P.

A demonstration of Rhythmic Swimming by selected girls from Gateshead schools was given. The grace, style and ease of movement shown by the team won admiration from all present.

The usual high standard of performance and conduct by the entrants was maintained.

At the Northumberland and Durham Schools' Gala, Gateshead boys were placed as follows:—

Under 15 years ... ... ... 3rd Under 18 years ... ... ... 1st

One boy from Redheugh Boys' School represented Northumberland and Durham schools at English Schools' Championship at Bournemouth.

John Punchon, Corpus Christi School was awarded a medal by Vickers Armstrong for assisting in saving one of their employees from drowning.

#### 6. Further Education.

- (a) Recreative Physical Education—
- 1. Grammar School (young men)—Wednesdays, 7.0—8.30 p.m.
- 2. Grammar School (young women)—Thursdays, 7.0—8.30 p.m.
- (b) Country Dancing (Men and Women)—
- I. Bensham Grove Community Centre—Tuesdays, 7.0 p.m.
- 2. Carr Hill Secondary School—Wednesdays, 7.0—9.0 p.m.

#### 7. Coronation Week.

During Coronation Week and the following week demonstrations, by boys and girls, of Physical Education, massed English and Scottish dancing, and Maypole dancing were given in Saltwell Park. Also items of dancing and rhythmic work were given at the concerts in the Town Hall on three evenings.

#### 11. CO-OPERATION WITH OTHER AGENCIES.

The co-operation and assistance of the Director of Education, Welfare Officers and Teachers during the year was greatly appreciated, as were the services of the N.S.P.C.C. Officer, Mr. F. W. Maidment.

#### 12. HANDICAPPED PUPILS.

The early ascertainment of the handicapped pupil enables early arrangements to be made for his education.

Where the defect is congenital or present in infancy the child is usually referred for examination either from the infant welfare centre or by the health visitor. Other cases are found in school or are referred after illness or prolonged hospital treatment.

Those found during the year to require special educational treatment were:—

Deaf	 	 3
Physically handicapped	 	 14
Educationally subnormal	 	 50
Delicate	 	 44
Defective speech	 	 66

Hearing aids enabling partially deaf children to attend ordinary schools are in use. The educational progress of these children is watched, and reports sent to Mr. Munro Black at the Throat, Nose and Ear Hospital.

#### Mental Defect.

Of those children referred as "retarded," 70 were given mental tests as a result of which 6 were reported to the Local Health Authority as ineducable.

In the case of 8 pupils recommendation was made for a school for educationally subnormal pupils, and 42 were recommended for the special classes for backward pupils now in existence.

14 required no special educational treatment.

### Special Schools.

The Cedars School for Physically Handicapped Children.

Following adjustments and alterations this school commenced to receive residents in November.

At the end of the year there were 26 pupils, of whom four were resident. Five of the cases are "spastics." Of the children only one is completely chairbound. It is hoped that during 1954 the school will be fully utilised.

## Joicey Road Open Air School.

During the year 58 new pupils were admitted and 51 discharged. Of these 51, ten were physically handicapped children who were transferred to The Cedars.

A large proportion of the present pupils suffer from lung conditions as follows:—

	Bronchitis		 		26
	Bronchiectasis		 		12
	Asthma		 		34
	Arrested pulmonary	т.В.	 		ΙΙ
				_	83
In	addition there are:-			-	
	Delicate children		 		63
	Other conditions	• • •	 		7

3 pupils passed from the school for further education to the Grammar, the Central Technical Schools and the Technical College respectively.

It is noted that apart from tubercular conditions, where more than one member of the family may be infected, other chest conditions such as asthma and bronchiectasis are often found in children who are related to one another. Thus we found many children in the Open Air School have or have had relatives attending the school. This suggests that there may be some hereditary factor.

### Home Teaching.

A visiting teacher helped those children who need to spend a long time in hospital, or who, following discharge from hospital, are still unfit to return to school.

## Pupils educated outside the Borough.

Children placed in residential schools have these handicaps:—

22
2
2
I
3
6
I
37

15 children supplied with deaf aids are able to attend ordinary schools.

4 diabetic children were able to take advantage of the special holiday arrangements for diabetics.

#### Classes for Backward Children.

Reorganisation resulted in the formation of four classes for retarded pupils. Two junior and two senior classes were commenced at Easter. Term. When the residential school for educationally subnormal children at Hindley Hall functions, these classes should be able to concentrate on retarded children who should be able after tuition to return to an ordinary school. A number of children, especially those who change school, are still reaching the upper school classes before being brought to notice on account of backwardness. It should be possible to discover most of these children by the time they are 7 or 8 years old, so that they could be placed in special classes at the time they are most likely to benefit.

#### SPEECH THERAPY.

## Report by Miss Margaret Barnes, Speech Therapist.

The statistics given below cover the period from the time I took up my appointment on 2nd February, 1953, up to the present date.

On 2nd February, 1953, there were already on the register 37 children whose partial treatment had been suspended when my predecessor left.

These were as follows:—

Existing Cases.

Stammerers ... ... 13—11 boys.

—2 girls.

Dyslalics ... 23—13 boys.

—10 girls.

Cleft Palate ... — girl.

Admissions.

During the course of the year another 29 cases have been admitted for treatment, as follows:—

Stammerers ... 16—11 boys.

— 5 girls

Dyslalics ... 9— 4 boys.

— 5 girls.

Cleft Palates ... 3— I boy.

— 2 girls.

Partially deaf ... — I boy.

The total number of cases, therefore, receiving treatment is 66 children:—

Stammerers ... ... 29—22 boys.

— 7 girls.

Dyslalics ... 32—17 boys.

—15 girls.

Cleft Palates ... ... 4— I boy.

— 3 girls.

Partially Deaf ... — I boy.

In almost all cases, individual treatment has been given once a week. In the case of the partially deaf boy, 2 treatments a week have been given.

Wherever possible, and in all cases of infants, parents have attended treatments so that they may help the children in their home practice.

### Discharges.

The number of children discharged from further treatment over the period is 30, of which the following is an analysis:—

Stammerers ... 8— 6 boys.

— 2 girls.

Of these ... Boys I—speech normal.

I—left school.

2—unwilling for further treatment.

2—considered unable to benefit further.

Girls —both cases were unwilling for treatment.

Dyslalics ... 22—11 boys.

—II girls.

Of these Boys 4—speech normal.

ı—left district.

ı—unwilling for treatment.

5—considered unable to benefit further.

Girls 4—speech normal.

ı—left district.

4—unwilling for treatment.

2—considered unable to benefit further.

Total results ... 9—speech normal.

ı—left school.

2—left district.

9—unwilling for treatment.

9—considered unable to benefit further.

### Remarks.

It will be noticed what a comparatively large proportion have ceased to attend for treatment on the grounds of either unwillingness or 'inability to benefit.' In the former case, the majority of these are infants who are dependent on being brought to the clinic by a parent. There are the few faithful and diligently interested mothers, but too many are, after a few weeks, frankly uninterested and find one or other reason why they are unable to continue to bring the children. In the latter case, poor speech is largely the accompaniment of more general retardation, and there is little or no reading ability, often poor co-operation in the home, and beyond a certain initial stage it is not felt that such cases can benefit, but that the places should be filled by children who may do so.

I have found much ready co-operation among the teachers in the schools, all of which have been visited—some a number of times—and this is particularly evident among the infant teachers.

The homes, in the greater number of cases, present, unfortunately, a very different picture, though there are cases where those in the poorest or most difficult circumstances show the greatest readiness to do what they can for the child concerned. Too often the homes of stammerers give clear indication as to the cause of the speech difficulty, and the broken or unhappy home background is the greatest problem one must reckon with in the treatment of such cases.

## 13. ARRANGEMENTS FOR THE PROVISION OF MEALS.

There was a decrease in the number of children taking midday meals at school, but an increase in the number having free meals.

1953	1952
Number of meals provided 4957	6042
Number of children having	
free meals 1796	1526
Daily milk was supplied to 14,568 children	

### 14. NURSERY SCHOOLS.

The three nursery schools are again filled to capacity, and many children are awaiting admission. 105 first and 225 subsequent inspections were made.

The commonest defects were those of nose and throat, usually catarrhal, and enlarged glands related to the throat defects.

Of the conditions requiring active treatment, dental caries and eye and orthopaedic defects were the most frequent.

A few children are still being found in a dirty condition, and some with fleas and nits, but these as a rule are infestations of slight degree.

The defects detected during examinations were :—

		Requiring treatment	Requiring observation
Enlarged tonsils and adenoids		3	IO
Enlarged glands		-	50
Other nose and throat conditi	ions	-	31
Otitis media		2	I
Other eye defects		I	3
Eye defects		8	9
Defective speech		obsprogenical	2
Skin conditions		I	9
Bronchitis		2	3
Other chest conditions		4	IO
Orthopaedic defects		8	12
Heart conditions		- Contractive Cont	4
Other miscellaneous defects		I	4
Dental caries	• • •	IO	- consequenting
Children found with nits		(	6
Children found with dirty head			o O
Children found with fleabites			2
Numbers on Register:			
Prior Street		30	)
Brighton Avenue		30	
Bensham	• • •	2	
	• • •	• • • 🚑 .	

### 15. DUKESHOUSE WOOD CAMP SCHOOL, HEXHAM.

During the period the Camp School was open 2,398 children were in residence, each child spending two weeks at the camp. Minor accidents and ailments occurring were dealt with by the resident nurse, who gave a total of 1,917 treatments to 756 children. 2 children were admitted to Hexham General Hospital, one suffering from pleurisy and the other from appendicitis.

#### 16. HIGHER EDUCATION.

The pupils examined at the Grammar School were those born in 1938. Their physical condition was good. The greatest number of defects found were errors of refraction. Orthopaedic defects were postual and foot conditions.

The defects found were:

			Requiring observation
Eye defects		 34	6
Orthopaedic defects		 5	37
Skin defects	••••	 3	IO
Miscellaneous defects	• • • • •	 2	20

Doctor Rozner subsequently visited the Grammar School and submitted this report:—

"It was a rather dull day. Photometer readings in the rooms varied between 2.5 and 5, which is probably not worse than in other schools of similar vintage. The depressing thing was that the artificial lighting scarcely seemed to improve things at all. The rooms all have high ceilings and the lights are all so high as to give very little light at desk level. All the lights have plain bulbs which do not diffuse lights as pearl bulbs do. The laboratories have strip lighting in one part of the building, and this appears to be more satisfactory. The needlework-room should have better lighting to reduce eyestrain to a minimum.

I should be reluctant to say that poor lighting is responsible for the high number of visual defects detected at school, but there is no doubt that better artificial lighting could and indeed should be installed where the children do so much close work, and a new coat of light paint would help to make better use of the available light."

### Higher Education of Blind, Deaf and Defective Children.

2 males received training at Royal Victoria School for the Blind.

### 17. MISCELLANEOUS.

Causes of death in school children during 1953 were:

Malignant neoplasm ... ... .2

Motor vehicle accident ... ... 1

Other accidents ... ... .2

Rheumatic fever ... ... ... 1

Peritonitis following appendicitis ... 1

The following additional examinations were carried out during the year by the school medical staff:—

Under the Employment of Children's Byelaws	289
For the Children's Officer (boarded-out	
children)	44
From the Juvenile Courts	21
For dental anaesthesia	1,704
Candidates for the teaching profession	43
Nursery student	I
National Survey of Child Health	14
	2.776
	2,116

### 18. SURVEY OF SCHOOLS.

During the year a Hygiene Survey of schools was carried out.

The schools recently built are of course well lighted, well heated, have adequate cloakroom accommodation and good dining facilities. Unfortunately there are many old buildings which must be used at present. They lack many amenities, have dark corridors, high windows and poor cloakrooms.

### Lighting.

Generally speaking the arrangements for artificial lighting are not good. Lights are too high, many being unshaded and of plain rather than pearl glass. They should also be of higher wattage.

### Heating.

On the whole, heating appears to be adequate, any failure being usually due to ineffectiveness of the boilers, which condition is usually remedied by renewal of plant.

#### Sanitation.

In some of the older schools the number of closets and urinals is insufficient. The condition of the closets leaves much to be desired. Few of them have tiled walls and they are therefore difficult to clean. Pans are old and chipped and the closets are often insufficiently flushed.

The more satisfactory urinals are of glazed porcelain. Most urinals are flushed by the caretaker with a hose.

As lavatory accommodation, except in the newer schools, is usually in outhouses away from the school the problem of freezing in winter is bound to arise.

#### Water.

Most schools have drinking fountains, although several were out of order. Where there are no fountains a mug is used, and this, unfortunately, usually becomes a communal mug.

### Washing Facilities.

In only three schools is a supply of heated water available. In two schools there are antiquated 12 feet troughs with a single tap at one end. These are quite useless as washing facilities. The usual towels are of paper, but communal roller towels do still exist.

Cold water, carbolic soap and paper towels with poor absorbent properties are not conducive to cleanliness on the part of the children. Many are staying to meals and washing before meals is a necessity.

### Drying Clothes.

There is little provision for drying wet clothes. A hot water pipe passing along the walls is the usual heating arrangement in the older schools. Insufficient accommodation for coats was found in several schools. Metal open clothes racks with provision for drying are required.

### Playgrounds.

It is impossible to make more provision in built-up areas. There are, however, playing fields on the outskirts of the town.

### Laundry.

Joicey Road School has good laundry arrangements. In the other schools there is no standard arrangement for laundering of gymnasium kit. Where it is done the headteacher makes arrangements with the domestic science centre or with certain of the parents. The time when washing is done, if it is done, is at the discretion of the headteacher; it may be yearly and when kit is re-issued.

There should be some arrangement for regular washing of P.T. clothing and for disinfection of shoes, and this should always be done before re-issue to pupils.

### MINISTRY OF EDUCATION INSPECTION RETURNS.

TABLE I.

# Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools.

## A. Periodic Medical Inspections.

	Number of Inspections in the pre	scribed	Group	ps :
	Entrants		••••	2292
	Second Age Group	• • • • •	••••	1510
	Third Age Group	• • • • •	• • • • •	1502
	Total		••••	5304
	Number of other Periodic Inspect	ions	• • • • •	122
	Grand Total			5426
B.	Other Inspections.			
	Number of Special Inspections	****		6941
	Number of Re-inspections	• • • • •		2895
	Total			9836

## C. Pupils found to require Treatment.

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table 11a.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants Second Age Group Third Age Group	17 243 394	745 502 358	671 625 634
Total (prescribed groups)	654	1605	1930
Other Periodic Inspections	31	13	39
Grand Total	685	1618	1969

TABLE II.

A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1953.

	Periodic Inspections		Special Ir	ispections
	No. of defects.		No. of	defects.
Defect or Disease. (1)	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.  (3)	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
Skin Eyes a. vision b. squint c. other	125 685 132 57	96 142 10 16	11 226 8 2	110 — 2
Ears a. Hearingb. Otitis media c. other	16 43 105	62 26 49	15 5 4	I2 I 2
Nose or Throat Speech Cervical Glands Heart & Circulation Lungs	236 22 10 11 131	421 61 855 129 147	7 20 — 3 9	6 15 1 5 8
Developmental:  a. Hernia  b. other		5 135	<u> </u>	<del>-</del> 3
Orthopaedic:  a. Posture b. Flat foot c. other	97 347 174	55 247 213	2 6 4	
Nervous system:  a. Epilepsy b. other	5 10	13	2 2	2 10
Psychological:  a. development b. stability Other		4 10 27	28 I 7	$\frac{7}{6}$

# B. Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

	No. of Pupils	A. (Good)		(Fe	3. air)	(Pa	
Age Groups.	In- spected	No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1) Entrants Second Age	(2) 2292	(3) 791	(4) 34·5	(5) 1397	(6) 60.9	(7) 104	(8) 4·5
Group Third Age	1510	609	40.3	861	57.0	40	2.6
Group Other Periodic Inspec-	1502	400	26.6	1013	67.4	89	5.9
tions		43	35.3	76	62.3	3	2.4
Total	5426	1843	34.0	3347	61.7	236	4.3

### TABLE III.

### Infestation with Vermin.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	60,073
(ii)	Total number of individual pupils found to be infested	3,412
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	3,412
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3),	0
	Education Act, 1944)	338

### TABLE IV.

## Treatment of Pupils Attending Maintained Primary and Secondary Schools (including Special Schools).

Group 1. Diseases of the Skin (excluding uncleanliness, for which see Table III.)

		ſ	Number of cases treated or under treatment during the year		
			By the Authority	Otherwise	
Ringworm (i) Scalp	••••	••••	6	5	
(ii) Body	••••		20		
Scabies	****		14	<del></del>	
Impetigo			130	3	
Other skin diseases	****		783	24	
Total			953	32	

Group 2. Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with		
	By the Authority	Otherwise	
External and other, excluding errors of refraction and			
squint	126	6	
Errors of refraction (including squint)	881	5	
Total	1007	II	
Number of pupils for whom spectacles were:—  (a) Prescribed  (b) Obtained	722 697 (approx.)	information not available. do.	

## Group 3. Diseases and Defects of Ear, Nose and Throat.

	Number of c	cases treated.
	By the Authority	Otherwise
Received operative treatment:  (a) for diseases of the ear  (b) for adenoids and chronic tonsillitis  (c) for other nose and throat		2 163
conditions Received other forms of treat-		14
ment	171	22
Total	171	201

## Group 4. Orthopaedic and Postural Defects.

(a) Number treated as inpatients in hospitals	40			
	By the Authority	Otherwise		
(b) Number treated otherwise, e.g., in clinics or outpatient departments	742	295		

## Group 5. Child Guidance Treatment.

	Number of cases treated.				
Number of pupils treated at	In the Authority's Child Guidance Clinics	Elsewhere			
Number of pupils treated at Child Guidance Clinics		4			

## Group 6. Speech Therapy.

	Number of cases treated.				
	By the Authority	Otherwise			
Number of pupils treated by Speech Therapist	66				

## Group 7. Other Treatment Given.

			Number of cases treated.			
·		1	By the Authority	Otherwise		
(a) Miscellaneous ments (b) Orthoptic	• • • • •	il-	925 397	6 14		

## TABLE V.

## Dental Inspection and Treatment carried out by the Authority.

1.	Number of pupils officers:—	inspect						
	(a) Periodic	••••	••••		• • • • •	****	• • • • •	13,035
	(b) Specials	••••			• • • • •	••••	••••	2,354
	Тс	TAL 1	• • • • •		****	••••	••••	15,389
2.	Number found to re	quire tr	eatr	nent		****		11,517
3.	Number referred for	treatme	ent		••••	****	****	11,517
4.	Number actually tre	eated	••••		• • • • •	****		8,343
5.	Attendances made b	y pupil	s for	tre	atme	ent	* * * * *	0.06
6. Half-days devoted to :—								
	Inspection				• • • • •	****		96
	Treatment		••••			* * * * *		1,524
	T							
	10	TAL 6	••••		• • • • •	••••	••••	1,620
7.	Fillings: Permanen	t teeth	• • • • •		••••			4,814
	Temporar	y teeth			••••		••••	169
	То	OTAL 7						4,983
8.	Number of teeth fill	ed : Per	rmai	nent	teet	h		3 033
								150
	(72							
	To	TAL 8	• · · · •		• • • • •	****	••••	4,083
9.	Extractions: Perma	nent te	eth		••••	••••	****	1,990
	Temp	orary te	eth		• • • •	••••		9,291
	Тс	TAL 9	••••		••••	••••		11,281
10.	Administration of g	eneral a	nae	sthe	tics	for ext	rac-	
	tion							4,400
11.	Other operations: 1	Permane	ent t	eeth	1	••••		2,279
	-	Tempora	ary 1	teetl	1	****	••••	5
	To	TAL 11						0.08
	10		****		••••	****		2,204





